

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-011518
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 153

FILED APR 3 1962

VS 300
Rev. 4/59

17005

27005

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Length of stay in 1b 50 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanit. & Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Fred Middle M. Last Hoffman		4. DATE OF DEATH Month Mar Day 20 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-7-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stillman Helper		10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Isabelle Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [Redacted]	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		14. NAME OF HUSBAND OR WIFE Ellen C. Hoffman 17. INFORMANT Address Adeline Colby 1115 E. Armour K.C. Mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Impacted Fracture Right Hip Wound Infection		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Slipped on ice in front of his home and fell on his right hip	
20c. TIME OF INJURY Hour 8:00 p.m. Month, Day, Year Apr 10 Feb 26, 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Subway in front of home		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Subway in front of home		20f. CITY, TOWN, OR LOCATION Independence Jackson Missouri	
21. I attended the deceased from Feb 27, 1962 to March 20, 1962 and last saw her alive on March 20, 1962 Death occurred at 10:40 a a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. H. Hickerson M.D.		22b. ADDRESS 604 W. Maple Independence, Mo.	
22c. DATE SIGNED 3/21/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-24-1962	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.	
24. FUNERAL DIRECTOR Geo. C. Carson & Sons Independence, Mo.		23d. LOCATION (City, town, or county) (State) Independence, Missouri	
25. DATE RECD. BY LOCAL REG. 3-24-62		26. REGISTRAR'S SIGNATURE Alba L. Craig	

APR 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Indep Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

3-24-68